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CONFIRMATION NO. 3370

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|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/800,195  | <b>FILING OR 371(c) DATE</b><br>03/06/2001<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1618   | <b>ATTORNEY DOCKET NO.</b><br>09143-017001                      |
| <b>APPLICANTS</b><br>Suk H. Cho, Idaho Falls, ID;<br>Lynn Perkes, Rexburg, ID;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/15/2001</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>ID | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>34<br><br><b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>26191   |   |                               |   |   |
| <b>TITLE</b><br>Dietary supplement compositions   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1252  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |